

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

SOUTH PORTLAND ME 04106

7010 0780 0001 1493 0069

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
053 B013 Total Postage & Fees	\$ 6.49



Sent To
JIT TEJINDER
 Street, Apt. No.,
 or PO Box No. **68 CRESTVIEW DR**
 City, State, ZIP+4 **S. PORTLAND ME 04106**

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JIT TEJINDER
68 CRESTVIEW DRIVE
SOUTH PORTLAND ME 04106

RE: 053 B013
INSP

2. Article Number
 (Transfer from service label)

7010 0780 0001 1493 0069

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **10-20**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
- Certified Mail Express Mail
 - Registered Return Receipt for Merchandise
 - Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540